

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other

2. NAME OF OPERATOR

Chace Oil Company, Inc.

3. ADDRESS OF OPERATOR

313 Washington, SE, Albuquerque, NM 87108

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: Unit 'P' - 790' FSL & 330' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐

(other)

SUBSEQUENT REPORT OF:

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☐
☐
☐RECEIVED
MAY 4 1983

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.RECEIVED
MAY 12 1983OIL CON. DIV.
DIST. 3

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

4/28/83: Ran 198 joints, including short joint, of 4½" 11.6 lb/ft N-80 casing. Casing shoe @ 7741'. Float collar @ 7700'. Short joint 5975-5955'. D. V. tool @ 3301'. Cement baskets @ 7543', 7309', 6994', 6288', 5975', 5112', and 2518'. Ran 15 centralizers.

With casing set at T. D., circulated hole 1/2 hour. Pumped 20 bbls. mud flush. Cemented 1st stage with 1250 sks. (1794 CF), 50/50 pozmix, 2% gel, 6¼ lb/sk gilsonite, 6 lb/sk salt. Plug down @ 7:00 P. M. Opened D. V. tool. Circulated 3 hours. 2nd stage: Pumped 20 bbls. mud flush. Cemented with 430 sks. (981 CF), 65/35 Pozmix, 12% gel, 6¼# per sack Gilsonite. Tailed in with 50 sks, (59 CF) Class B neat. Plug down @ 10:50 P. M. Circulated 3 bbls. of cement to surface.

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED B. W. Miller TITLE President DATE 4/29/83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

MAY 11 1983

FARMINGTON DISTRICT

BY AK

NMOCC